

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **107019519**

FILING DATE **22 MAR 2002**

APPLICANT(S)

*Koefelder*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.	4					
TOTAL DEP.	44					
TOTAL CLAIMS	48					

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